## PART B - FEE(S) TRANSMITTAL

Somplete are send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450

DEC 1 0 2000 ES	or Fax (703				(703) 746-4000		
NSTRUCTIONS: Syls for propriate. All factier con located unless corrected with the configuration of the configurat	rm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and Poders and notification (E. S.) specifying a	UBLICATION FEE (if requ cation of maintenance fees v new correspondence address	ired). Blocks 1 through 5 sh will be mailed to the current ; and/or (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)  26158 7590 09/20/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
WOMBLE CARD P.O. BOX 7037 ATLANTA, GA 30	LYLE SANDRIDGE 0357-0037	E & RICE, PL	LC	Ce I hereby certify that the States Postal Service addressed to the Ma transmitted to the USE	rtificate of Mailing or Trans nis Fee(s) Transmittal is being with sufficient postage for firs il Stop ISSUE FEE address PTO (703) 746-4000, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.	
2004 SDENBOB2 00000084 090528 10085891				Diane H. M	Diane H. Marshall		
						(Signature)	
501 700.00	ин			December 1	0, 2004	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED I		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/085,891 02/28/2002			Cynthia A. Wright 8254-001(45786.0001.4		8254-001(45786.0001.4)	4166	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE T	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$665		\$0	\$665 \$685 12/20/20	12/20/2004	
EXAM	1INER	ART UN	it	CLASS-SUBCLASS	<i>∕ ਘ⊍∞ 3</i> ]		
SMITH, JAMES G		3765		223-085000	J		
R 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND	tion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified by 137 CFR 3.11. Completion	Correspondence  ation form  e of a Customer  E PRINTED ON Telow, no assignee of this form is NO	(1) the nam or agents Ol (2) the name registered a 2 registered listed, no na THE PATENT (data will appear I a substitute for	. ,	a member a res of up to no name is 3		
ase check the appropriate The following fee(s) are Issue Fee		<u> </u>	Payment of F	<del> </del>		oup entity Government	

Date

Authorized Signature

12/ 01

> Typed or printed name Jeffrey R. McFadden. 46,916 Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.